

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/889427**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1			1				51					
2				1			52					
3				1			53					
4				1			54					
5			1				55					
6				1			56					
7				1			57					
8				1			58					
9				1			59					
10				1			60					
11				1			61					
12				1			62					
13				1			63					
14				1			64					
15				1			65					
16				1			66					
17				1			67					
18				1			68					
19				1			69					
20				1			70					
21				1			71					
22				1			72					
23				1			73					
24				1			74					
25				1			75					
26				1			76					
27				1			77					
28				1			78					
29				1			79					
30				1			80					
31				1			81					
32				1			82					
33				1			83					
34				1			84					
35				1			85					
36				1			86					
37				1			87					
38				1			88					
39				1			89					
40				1			90					
41				1			91					
42				1			92					
43				1			93					
44				1			94					
45				1			95					
46				1			96					
47				1			97					
48				1			98					
49				1			99					
50				1			100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS				12			TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS